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CONFIRMATION NO. 3657

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| SERIAL NUMBER 10/761,726 | FILING OR 371(c) DATE 01/21/2004 RULE | CLASS 601 | GROUP ART UNIT 3764 | ATTORNEY DOCKET NO. 4E09.1-020 |
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/449,149 02/24/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 04/24/2004**

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|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY GA | SHEETS DRAWING 3 | TOTAL CLAIMS 52 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

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TITLE

Method and apparatus for improving local blood and lymph circulation

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| FILING FEE RECEIVED 673 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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